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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002078 (3)**

1. Corporation Name
AMVETS, POST # 85, INC.

Principal Place of Business	Mailing Address
PO BOX 940 BOSWELL RD BONIFAY FL 32425-0940	PO BOX 940 BOSWELL RD BONIFAY FL 32425-0940

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: 07/09/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HELMS, ROBERT W
RT 4 BOX 606
BONIFAY FL 32425

10. Name and Address of New Registered Agent

81 Name: LOCKE, JAMES E.
82 Street Address (P.O. Box Number is Not Acceptable): 902 S BOULEVARD W
83
84 City: CHIPLEY FL 85 Zip Code: 32428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James E. Locke — James E. Locke — 6-5-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	SLAY, JERRY D II		1.2 NAME	JAMES E. LOCKE	
STREET ADDRESS	RT 4 BOX 104		1.3 STREET ADDRESS	902 S. BOULEVARD W.	
CITY-ST-ZIP	BONIFAY FL 32425		1.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	P	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	HELMS, ROBERT W SR.		2.2 NAME	DUNCAN, BOB G	
STREET ADDRESS	ROUTE 4, BOX 606		2.3 STREET ADDRESS	P.O. BOX 771 N/A	
CITY-ST-ZIP	BONIFAY FL 32425		2.4 CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, JOHN J		3.2 NAME	SAME	
STREET ADDRESS	ROUTE 4, BOX 174		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFAY FL 32425		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	DUNGAN, BOB G		4.2 NAME	ADAIR, JOHN LANGLEY	
STREET ADDRESS	PO BOX 771 N/A		4.3 STREET ADDRESS	1711-A LAKEVIEW Rd	
CITY-ST-ZIP	CHIPLEY FL 32428		4.4 CITY-ST-ZIP	CARYVILLE, FL 32427	
TITLE	T	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	JENKINS, THOMAS E JR.		5.2 NAME	HELMS, JAMES C.	
STREET ADDRESS	RT. 4 BOX 632		5.3 STREET ADDRESS	RT 1 BOX 802	
CITY-ST-ZIP	BONIFAY FL 32425		5.4 CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE	D	☐ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	BALCH, RAY		6.2 NAME	ARD, PAUL R.	
STREET ADDRESS	PO BOX 1146 N/A		6.3 STREET ADDRESS	RT 2 BOX 320	
CITY-ST-ZIP	BONIFAY FL 32425		6.4 CITY-ST-ZIP	BONIFAY, FL 32425	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

904

SIGNATURE: James E. Locke — James E. Locke — 6-16-97 — 638-2468